

Overview of Co-occurring and Co-existing Disorders, Substance Abuse Disorders, Treatment, and Recovery

Substance abuse disorder refers to alcohol abuse as well as use or misuse, dependence, and addiction to legal and illegal drugs. Mental disorders represent the continuum of psychiatric severity from less to more severe.

Substance abuse disorder. Mental disorder. Alone, each wreaks havoc on the lives of millions in this country, and both require intensive treatment. When afflicted with these simultaneously, the result can be debilitating for an individual.¹

Commonly referred to as a co-occurring disorder, people with these conditions either abuse substances as a means of dealing with the mental disorder or complicate their mental disorder through substance abuse. While these disorders can interact differently in any one person, at least one disorder of each type can be diagnosed independently of the other.

Seven to ten million individuals in the United States have at least one mental disorder as well as an alcohol or drug use disorder.² Some examples of co-occurring disorders that can exist with drug and alcohol abuse include depression, anxiety, mood and eating disorders.³

Nearly one-sixth of all Americans have a disability that limits their activity; countless others have disabilities (mostly cognitive in nature) that go unrecognized and undiagnosed.⁴ When a pre-existing condition, such as mental retardation, learning disorders, HIV/AIDS, spinal or brain injuries, hypertension, heart disease, or diabetes, is present with addiction, this is known as a co-existing disorder. Co-existing disorders involve physical and cognitive disabilities coupled with a substance abuse disorder. The statistics surrounding these disorders are startling:

- People with conditions such as deafness, arthritis, or multiple sclerosis have substance abuse rates at least double the general population estimates.^{5, 6}
- Based on a Wisconsin survey, persons with spinal cord injuries, orthopedic disabilities, vision impairment, and amputations can be classified as heavy drinkers in approximately 40 to 50 percent of cases.⁷
- The presence of severe mental illness may create additional biological vulnerabilities such that even small amounts of psychoactive substances may have adverse consequences for individuals with schizophrenia or other brain disorders.⁸



"I am a grateful recovering alcoholic, and every day I do healthy, positive things so I won't take another drink. My own experience has led me to work to combat the number one public health issue facing our country: chemical addiction. Expanding access to treatment is a matter of life and death for 26 million Americans."

—**Jim Ramstad**

U.S. House of Representatives
Minnesota's 3rd District

Why does this occur? One problem may be that treatment for co-occurring substance abuse and mental disorders is inadequate compared to the treatment programs of other disorders. Two-thirds of adults with mental illness do not get help.⁹ Many individuals with a co-occurring disorder are misdiagnosed. Also, these individuals, depending on the severity of their illnesses, may not be able to be treated at home or tolerated in a treatment facility.¹⁰ Service organizations inconsistently design coordinated treatment programs to address the needs of individuals with co-occurring disorders—treatment for a mental disorder is separate from treatment for a substance abuse disorder. Development of integrated and coordinated comprehensive programs that can treat co-occurring disorders is desperately needed.¹¹

In order to address this issue, the U.S. Substance Abuse and Mental Health Services Administration has issued the **Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders**. Within this report is a recommendation for an integrated treatment model based on cooperation, consultation, and collaboration. Provision of integrated treatment ranges across a continuum spanning from single cross-referral and linkage; through cooperation, consultation, and collaboration; to integration in a single setting or treatment model. Such treatment is provided through three levels of service provision:

- Integrated Treatment – interaction between the mental health and/or substance abuse clinician(s) and the individual, which addresses the substance abuse and mental health needs of the individual.
- Integrated Program(s) – the organizational structure for providing integrated treatment, whereby the mental health and/or substance abuse program is responsible for ensuring an array of staff or linkages with other programs to address all of the needs of its clients. The program is responsible for ensuring that services are provided in an appropriate and easily accessible setting and that services are culturally competent.
- Integrated System – the organizational structure for supporting an array of programs for people with different needs, including individuals with co-occurring substance abuse and mental disorders. The system is responsible for ensuring appropriate funding mechanisms to support the continuum of service needs, addressing credentialing/licensing issues, and establishing data collection/reporting systems, needs assessment, planning, and other related functions.¹²

What you can do is celebrate those already in treatment and recovery and get involved at the local level by speaking out about the need for effective, coordinated services for people with co-occurring and co-existing disorders. The **Recovery Month** 2003 theme is ***“Join the Voices for Recovery: Celebrating Health.”*** Please consider the facts on the following pages in your efforts to educate others.

General Facts about Mental Disorders and Substance Abuse Disorders, Treatment, and Recovery

As we celebrate **Recovery Month**, all individuals and groups should be well-informed on the subjects of substance abuse disorders, mental disorders, treatment, recovery, co-existing and co-occurring disorders. Please note the following facts and statistics:

Understanding Mental Disorders

- More than 54 million Americans have a mental disorder in any given year, although fewer than 8 million seek treatment.¹³
- About half of people with a lifetime addictive disorder also experience a lifetime history of at least one mental disorder. Roughly 50 percent of those with a lifetime mental disorder also have a lifetime history of at least one addictive disorder.¹⁴
- In 2001, there were an estimated 14.8 million adults age 18 or older with serious mental illness (SMI). This represents 7.3 percent of all adults. Of those with SMI, 6.9 million received mental health treatment in the 12 months prior to the interview. Among adults with SMI, 20.3 percent were dependent on or abused alcohol or illicit drugs; the rate among adults without SMI was 6.3 percent. An estimated 3 million adults had both SMI and substance abuse or dependence problems during the year.¹⁵

Societal Benefits of Drug and Alcohol Treatment

- The social cost of drug and alcohol addiction treatment in the U.S. is estimated at \$294 billion per year in lost productivity and costs associated with law enforcement, health care, justice, welfare, and other programs and services.¹⁶
- Conservative estimates note that for every \$1 invested in addiction treatment, there is a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.¹⁷

Illicit Drugs¹⁸

- An estimated 16 million Americans (7.1 percent of the population 12 and older) were current users of illicit drugs in 2001, meaning they had used an illicit drug at least once during the 30 days prior to being interviewed.
- Illicit drug use among youth was highest for those between the ages of 18 and 25 (18.8 percent) in 2001.
- The rate of illicit drug use in metropolitan counties was higher than the rate in nonmetropolitan counties. Current drug use rates were 7.6 percent in large metropolitan counties, 7.1 percent in small metropolitan counties, 5.8 percent in nonmetropolitan counties, and 4.8 percent in completely rural, nonmetropolitan counties.

- The rates of current illicit drug use for major racial/ethnic groups in 2001 were similar to previous years: 7.2 percent for whites, 6.4 percent for Hispanics, and 7.4 percent for African Americans. Rates were highest among American Indian/Alaska Natives (9.9 percent) and persons of multiple race (12.6 percent). Asians had the lowest rates (2.8 percent).

Prescription Drugs

- Prescription drugs can be broken down into three distinct categories: Opioids, which are most often prescribed to treat pain; CNS depressants, which are used to treat anxiety and sleep disorders; and stimulants, which are prescribed to treat narcolepsy, ADHD, and obesity.¹⁹
- In 2001, approximately 957,000 persons aged 12 or older had used Oxycontin nonmedically at least once in their lifetime. This number is higher than estimates for both 1999 (221,000) and 2000 (399,000).²⁰

Alcohol and Tobacco

- Tobacco use, particularly cigarette smoking, is the leading cause of preventable illness in the United States; in fact, nearly one in four adults and one in three teenagers smoke.²¹
- A little over 29 percent of the American population aged 12 and older, or 66.5 million people, reported current use of a tobacco product in 2001.²²
- About 10.1 million persons aged 12 to 20 reported current use of alcohol in 2001. This number represents 28.5 percent of this age group, for whom alcohol is an illicit substance.²³

Other Important Information Regarding Specific Illicit Drugs

Marijuana

- Marijuana is the most commonly used illicit drug in the United States.²⁴
- More than 83 million Americans (37 percent) age 12 and older have tried marijuana at least once.²⁵
- Depression, anxiety, and personality disturbances are all associated with marijuana use. Research clearly demonstrates that marijuana use has the potential to cause problems in daily life or make a person's existing problems worse.²⁶
- More than two-thirds of the 2.3 million new users reported in 1999 were under the age of 18.
- Marijuana is much stronger and more addictive than it was 30 years ago. Average THC levels rose from less than 1 percent in the late 1970s to more than 7 percent in 2001. Sinsemilla potency increased from 6 percent to 13 percent. THC levels of 20 percent and up to 33 percent have been found in samples of sinsemilla at the University of Mississippi, Marijuana Potency Monitoring Project, 2001. Of those who try marijuana at least once, nearly one in ten become dependent.²⁷

Cocaine/Crack²⁸

- Cocaine is a powerfully addictive stimulant that directly affects the brain and is available in two forms: a hydrochloric salt or white powder that dissolves in water and can be taken either intravenously or through the nose. The other form, freebase, is cocaine that has been neutralized by an acid. Freebase cocaine can be smoked.
- Crack is the street name for freebase cocaine that has been processed with baking soda. Someone who smokes crack can experience a high in less than 10 seconds. This, along with the fact that it is inexpensive and easy to produce, has led to the enormous popularity of this drug.
- Cocaine use, which was extremely popular in the 1980s, stabilized in the United States between 1992 and 1999. However, despite the stabilization, the rate of cocaine use still continues to rise.

Hallucinogens

- Hallucinogens include LSD (lysergic acid diethylamide, also known as acid, blotter, boomers, cubes, microdot, or yellow sunshines), mescaline (also known as buttons, cactus, mesc, or peyote), psilocybin, (also known as magic mushrooms, purple passion, or shrooms).²⁹
- Approximately 1.3 million (0.6 percent of the population aged 12 or older) were current users of hallucinogens.³⁰
- In 2001, the percentage of 12th graders who used hallucinogens in the past year was up from 8.1 percent to 8.4 percent. Past-month usage was also up from 2.6 percent to 3.2 percent.³¹

Heroin

- Heroin mentions in hospital emergency departments increased 15 percent (from 82,192 to 94,804 mentions) from 1999 to 2000.³²
- Current heroin use was reported by an estimated 123,000 Americans in 2001. This represents 0.1 percent of the population aged 12 and older and is similar to the number estimated for 2000 (130,000).³³
- Among past year users of heroin in 2001, 50 percent (0.2 million) were classified with dependence on or abuse of heroin.³⁴
- Almost 90 percent of people who abused heroin were white; over 50 percent were employed full-time; and almost 89 percent had a high school diploma or higher level of education.³⁵
- Estimates of multi-drug use among heroin-addicted people range from 30 to 70 percent. The most common co-occurring addictions are cocaine, benzodiazepines, alcohol, nicotine, and marijuana. Rates of marijuana use by heroin addicts seeking treatment have been reported to be as high as 66 percent.^{36, 37, 38}
- Estimated costs associated with heroin addiction in the United States were 21.9 billion dollars in 1996.³⁹

Methamphetamine

- Methamphetamine is a powerfully addictive stimulant that dramatically affects the central nervous system.⁴⁰
- The abuse of methamphetamine—a potent psychostimulant—is an extremely serious and growing problem. Although the drug was first used primarily in selected urban areas in the Southwestern part of the United States, high levels of methamphetamine abuse are now seen in many areas of the Midwest, in both urban and rural settings, and by very diverse segments of the population.⁴¹
- Incidence of methamphetamine use rose steadily between 1990 (164,000 new users) and 2000 (344,000 new users). Methamphetamine incidence was at its highest level since 1975.⁴²

MDMA or Ecstasy (Club Drugs)

- This category of drugs is most commonly encountered at nightclubs and raves. It includes Ecstasy (MDMA), Ketamine (Special K), GHB, GBL, Rohyphnol, LSD, and PCP.⁴³ MDMA, commonly called Ecstasy, is the number one “club drug” in use.
- These types of drugs have gained popularity due to the false perception that they are not as harmful or as addictive as “mainstream” drugs, such as heroin. This is false. In fact, people who use these substances are at risk for dehydration, hyperthermia, or heart or kidney failure. The combination of the stimulant effect of the drug and the hot, crowded atmosphere of parties or clubs can lead to fatalities.⁴⁴
- Among 12th graders, past-year use of MDMA increased 46 percent, from 5.6 percent to 8.2 percent. Also, the perceived availability of MDMA increased sharply—up 28 percent. This is the largest one-year percentage point increase in the availability measure among 12th graders for any drug class in the 26-year history of the *Monitoring the Future* study.⁴⁵

Important Information Regarding Other Misused and Potentially Addictive Substances

Inhalants⁴⁶

- The term “inhalants” refers to more than a thousand different household and commercial products that can intentionally be abused by sniffing or “huffing” (inhaling through one’s mouth) for an intoxicating effect. These products are composed of volatile solvents and substances commonly found in commercial adhesives, lighter fluids, cleaning solutions, and paint products.
- There is a common link between inhalant abuse and teenagers. Some problems include: failing grades, memory loss, learning problems, chronic absences, and general apathy. Inhalant users also tend to be disruptive, deviant, or delinquent as a result of the early onset of use, the user’s lack of physical and emotion maturation, and the physical consequences that occur from extended use.

- Between 1994 and 2000, the number of new inhalant users increased more than 50 percent, from 618,000 new users in 1994 to 979,000 in 2000. These estimates were higher than a previous peak in 1978 (662,000 new users).⁴⁷

Steroids⁴⁸

- Steroids are synthetic derivatives of the male hormone testosterone. Scientifically referred to as androgenic anabolic steroids, these derivatives promote the growth of skeletal muscle and increase lean body mass.
- Steroids can be taken orally or via injection with a needle. Some consequences of steroid abuse are: higher blood pressure, liver problems, stunted growth, infertility, irregular menstrual cycles, and testicular shrinkage. Over time, steroid use can cause violent behavior, delusions, and paranoid jealousy.
- The *1995 Youth Risk and Behavior Surveillance System* showed that of 9th to 12th graders in public and private high schools in the U.S., 4.9 percent of males and 2.4 percent of females have used anabolic steroids at least once in their lives.⁴⁹

To learn more about drug and alcohol addiction, treatment, and usage rates, you can access many of the materials cited in this fact sheet by contacting an information specialist at SAMHSA's National Clearinghouse for Alcohol and Drug Information toll-free at 1-800-729-6686 or 301-468-2600. You can also access the Clearinghouse via the Internet at <http://www.health.org> or by email at info@health.org.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at <http://www.recoverymonth.gov>.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at <http://www.recoverymonth.gov> or call 1-800-729-6686.

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